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PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e) required))

Attorney Docket Number	28791-702.502
First Named Inventor	Ganz, Robert A.
COMPLETE IF KNOWN	
Application Number	10/754,445
Filing Date	January 9, 2004
Art Unit	3739
Examiner Name	VRETTAKOS, PETER J.

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR TREATING ABNORMAL EPITHELIUM IN AN ESOPHAGUS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/09/2004 as United States Application Number or PCT International

Application Number 10/754,445 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

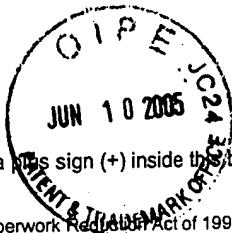
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

{Page 1 of 2}

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ROGER A.		STERN	
Inventor's Signature <i>Roger A. Stern</i>		Date <i>5/11/05</i>	
Residence: City CUPERTINO	State CA	Country USA	Citizenship USA
Mailing Address 10418 PALO VISTA ROAD			
Mailing Address			
City CUPERTINO	State CA	ZIP 95014	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JEROME		JACKSON	
Inventor's Signature <i>Jerome Jackson</i>		Date <i>5/11/05</i>	
Residence: City LOS ALTOS	State CA	Country USA	Citizenship USA
Mailing Address 1725 FALLEN LEAF LANE			
Mailing Address			
City LOS ALTOS	State CA	ZIP 94024	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GEORGE H.		SMITH	
Inventor's Signature <i>George H. Smith</i>		Date <i>5/11/05</i>	
Residence: City PALO ALTO	State CA	Country USA	Citizenship USA
Mailing Address 162 BRYANT STREET			
Mailing Address			
City PALO ALTO	State CA	ZIP 94301	Country USA

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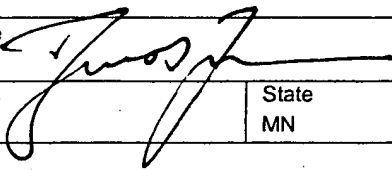
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				021971		OR <input type="checkbox"/> Correspondence address below	
Name Vern Norviel (Reg. No. 32,483)							
Address Wilson Sonsini Goodrich & Rosati							
Address 650 Page Mill Road							
City Palo Alto				State CA		ZIP 94304	
Country U.S.		Telephone 650-493-9300				Fax 650-493-6811	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) ROBERT A.				Family Name or Surname GANZ			
Inventor's Signature						Date	
Residence: City MINNEAPOLIS		State MN		Country USA		Citizenship USA	
Mailing Address 1431 LAKEVIEW AVENUE							
City MINNEAPOLIS		State MN		ZIP 55416		Country USA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) BRIAN D.				Family Name or Surname ZELICKSON			
Inventor's Signature 						Date 5-16-05	
Residence: City MINNEAPOLIS		State MN		Country USA		Citizenship USA	
Mailing Address 2764 DREW AVENUE S.							
City MINNEAPOLIS		State MN		ZIP 55416		Country USA	
<input checked="" type="checkbox"/> Additional inventors or legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto:							

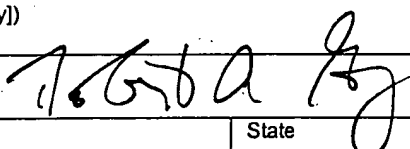
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Country U.S.		Telephone 650-493-9300		Fax 650-493-6811	
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NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) ROBERT A.			Family Name or Surname GANZ		
Inventor's Signature 			Date 5/23/05		
Residence: City MINNEAPOLIS		State MN		Country USA	
Citizenship USA					
Mailing Address 1431 LAKEVIEW AVENUE					
City MINNEAPOLIS		State MN		ZIP 55416	
Country USA					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) BRIAN D.			Family Name or Surname ZELICKSON		
Inventor's Signature			Date		
Residence: City MINNEAPOLIS		State MN		Country USA	
Citizenship USA					
Mailing Address 2764 DREW AVENUE S.					
City MINNEAPOLIS		State MN		ZIP 55416	
Country USA					
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